



Docket#: DE920000016US1

41 2177  
PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Martin Keller

Application No: 09/998,520

Filed: 11/29/2001

Assignee: **International Business Machines**  
Group No.: 2177  
Examiner: Susan Rayann  
Confirmation No: 5385

**PARTIAL STEPWISE REGRESSION FOR DATA MINING**

Honorable Commissioner for Patents  
Mail Stop NF  
PO Box 1450  
Alexandria Virginia 22313-1450

**RECEIVED**

JUN 21 2004

Technology Center 2100

**AMENDMENT**

Sir:

In response to the Office Action mailed March 9, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First-named Inventor: Martin Keller Assignee: International Business Machines Corporation  
Application No.: 09/998,520 Customer No.: 36380  
Confirmation No.: 5385 Group Art Unit: 2177  
Filing Date: 11/29/2001 Examiner: Susan F. Rayann

Title PARTIAL STEPWISE REGRESSION FOR DATA MINING

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date of Deposit: June 8, 2004

Person mailing paper/fee: Richard M. Goldman

Signature:

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COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

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JUN 21 2004

Dear Sir:

Technology Center 2100

Transmitted herewith in the above-identified application are:

Amendment  
 Return Postcard

The fee has been calculated as shown below:

**CLAIMS PRESENT**

Claims Remaining:	Highest Number Previously Paid For:	Number Extra	Rate		Fee
Total Claims	14				
	15	(-1)	X \$ 18.00	=	\$0.00
Independent Claims	3				
	3	0	X \$ 84.00	=	\$0.00
Multiple Dependent Claim Fee					\$0.00
TOTAL FILING FEE					\$0.00

Authorization is hereby made to charge the amount of \$ 000.00 to deposit account Number 09-0441  
 No additional fee for claims is required  
 Charge any additional fees required by this paper or credit any overpayment in the manner authorized above  
 A duplicate of this paper is attached.

Respectfully submitted,

Richard M. Goldman, Esq., Reg. # 25,585  
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